U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
31-MAY-2006	Reference No. 10158649

OWNER INFORMATION (Type or Print)

Name			
Address [redacted]		Daytime Telephone Number [redacted]	E-mail Address
City GRANDVILLE	State MI	Zip Code 49418	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 6/5/06

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2B4GP453[redacted]	DODGE	CARAVAN	1996

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-AUG-01	HOMRICH AUTO SALES 616-457-5563			No: Cylinders 6	Gas
Original Owner ☐	Dealer's City JAMESTOWN	State MI	Zip Code 49427		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain FRONT WHEEL DRIVE	174200 LATCHES/LOCKS/LINKAGES:HATCHBACK/LIFTGATE:LOCK Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
21-AUG-2002	100631		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (i.e., parts repaired or replaced (and if old part is available).

DT*: THE CONTACT STATED THE HATCHBACK HANDLE ASSEMBLY JAMMED IN AUGUST 2002. THE HATCHBACK HANDLE ASSEMBLY WAS REPLACED IN AUGUST 2002. THE SAME PROBLEM HAS RETURNED AND THE HANDLE IS CURRENTLY JAMMED. SOMETIMES THE HATCH WILL NOT OPEN AT ALL WITHOUT DIFFICULTY. THE DEALERS HAVE BEEN MADE AWARE OF THE REOCCURRING PROBLEM.

This could be a real danger in a crash or fire can't get it open. Something has broken again.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).